



Take Control of Your Health

Notification of Upcoming Workshop

SUBMIT THIS FORM BEFORE WORKSHOP STARTS!

Site Name		Workshop Dates		Start Time
Address		City	County	Zip Code
Host Organization		Language (if other than English)		
Peer Leader/Master Trainer 1		Telephone Number	Email Address	
Peer Leader/Master Trainer 2		Telephone Number	Email Address	
Peer Leader/Master Trainer 3		Telephone Number	Email Address	
Program Type: <input type="checkbox"/> Chronic Disease Self-Management Program <input type="checkbox"/> Tomando Control De Su Salud <input type="checkbox"/> Diabetes Self-Management Program <input type="checkbox"/> Programa de Manejo Personal de la Diabetes				
Would you like to have this workshop marketed through the state listserv? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, contact information for registration: _____ _____				

Submit to your Master Trainer or NJDHS at andrea.brandsness@dhs.state.nj.us; Fax: 609-588-7630